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DATE: May 6, 2005

PTO IDENTIFIER: Application Number 10/726,625-Conf. #5742
Patent Number

Inventor: Harry A. Dugger, III

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP

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Attorney Dkt. #: N9810.0033/P033

PAGES (Including Cover Sheet): 11

CONTENTS: Preliminary Amendment (8 pages)
Amendment Transmittal (1 page)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/726,625

Attorney Docket No.: N9810.0033/P033

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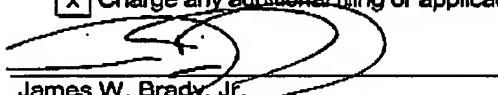
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Preliminary Amendment (8 pages)
Amendment Transmittal (1 page)

AMENDMENT TRANSMITTAL LETTER				Docket No. N9810.0033/P033
Application No. 10/726,625-Conf. #5742	Filing Date December 4, 2003	Examiner M. Haghlaghtian	Art Unit 1616	
Applicant(s): Harry A. Dugger, III				
Invention: BUCCAL, POLAR AND NON-POLAR SPRAY OR CAPSULE CONTAINING DRUGS FOR TREATING PAIN				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
30	- 30 =		x	
Independent Claims	3	- 3 =	x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00				
<input type="checkbox"/> Large Entity		<input checked="" type="checkbox"/> Small Entity		
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below.				
<input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Dated: <u>May 6, 2005</u>				
 James W. Brady, Jr. Attorney Reg. No.: 32,115				
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4786				
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Dated: <u>5/6/05</u>		Signature: 		(James W. Brady, Jr.)

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Docket No.: N9810.0033/P033
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Dated: 5/6/05 Signature: 
(James W. Brady, Jr.)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Harry A. Dugger, III

Application No.: 10/726,625

Confirmation No.: 5742

Filed: December 4, 2003

Art Unit: 1616

For: BUCCAL, POLAR AND NON-POLAR
SPRAY OR CAPSULE CONTAINING
DRUGS FOR TREATING PAIN

Examiner: M. Haghigian

PRELIMINARY AMENDMENTMS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Prior to examination on the merits, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

DSMDB.1918890.1